

Regarding the various workforce articles in the July/August *Focus*, I am writing to give my support in any way possible to help change the existing model of dentistry to a newer one. Having been a hygienist prior to becoming a dentist, I believe I have a perspective that hopefully could help bridge this gap.

To read the Workforce articles referred to in this Letter and Membership Trends cited in the Editorial, visit MODENTAL.ORG/TRENDS

I, among all the other dental practices in Missouri, am having to restructure my practice model to make it during this new dental era. The old days are gone, and I see no light at the end of this tunnel—we have to change the dental model to the new circumstances facing us. We cannot survive with increasing overhead costs, lower reimbursements from insurance, and higher wage demands for assistants and hygienists, with fewer resumes crossing our doors.

I need three hygienists a day for my 20-year practice and associate doctor, and I am down to one! We have had zero applicants for the hygiene positions we have open—zero—and I am just outside the St. Louis Metro area, where recruitment is supposed to be “easier.”

So, what do we do? Here are some of my suggestions:

- We elevate the RDH to the Periodontal Therapists they are.
- We create the Perio EFDA and properly train assistants to do supragingival scaling, and then we can create a column in the dental schedule for the everyday prophylaxis.
- We allow the RDH to give local anesthesia under general supervision, and then we can open even more days for perio therapy in the absence of a dentist on-site.

We have nurses giving anesthetic and Botox in clinics with little to no issues. My hygienists have been giving local anesthesia in my practice for 20 years, and I have yet to need to run in the room to rescue a patient for adverse reactions. Even if that would happen, they are trained to handle it the same as a dentist.

We must let go of the old model, because frankly, it is dead. We need new solutions for a new model of dentistry. Bottom line, dentists are having assistants scale to survive, whether we want to admit it or not. Let’s make this happen instead with proper education. Let’s provide a platform where they can get the proper training.

I am getting bombarded with calls from patients leaving practices, and they say things like ...

“My dentist dropped my dental insurance, now what do I do.” For me, I can’t afford the lower reimbursements and won’t be bullied into accepting exclusive contracts. I know this rings true for many other practitioners, too.

“My dentist can’t get me in for another eight months to a year for a cleaning.” Now we’re creating an environment for unchecked disease to grow and another type of health crisis.

Having been a hygienist, I know the education I received prior to dental school. I know what hygienists are capable of and some things dentists need to let go. I also have EFDAs who are rock stars. I know what they are capable of and some things hygienists need to let go.

The train has left the building. We all are just standing around staring at each other like “now what?” I believe the now what is NOW, and we can make some changes to help Missourians have better access to care and elevate our highly skilled RDHs and EFDAs to a new model.

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